## 2008 FOR PROFIT CORPORATION

## ANNUAL REPORT FILED Mar 13, 2008 08:00 AM **DOCUMENT # P04000143942 Secretary of State** 1. Entity Name LORÍ YOUNG, P.A. Principal Place of Business Mailing Address 3555 SANTIAGO WAY 3555 SANTIAGO WAY NAPLES, FL 34105 NAPLES, FL 34105 US 01122008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicable 20-2051234 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent YOUNG, LORI A REALTOR DO NOT WRITE 3555 SANTIAGO WAY NAPLES, FL 34105 IN THIS SPACE 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE YOUNG, LORI A NAME STREET ADDRESS 3555 SANTIAGO WAY CITY-ST-ZIP NAPLES, FL 34105 *U00000856956* TILE 03/28/08-80032-017 150.00 STREET ADDRESS CITY-ST-ZIP TITI F NAME STREET ADDRESS DO NOT WRITE CITY-ST-7IP NAME

IN THIS SPACE

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes, I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS

SIGNATURE AND TYPED OR PROIPED NAME OF SIGNING OFFICER OR DIRECTOR